

## MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-046637

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

Registration District No. 132 Primary Registration District No. 3021 Registrar's No. 234

STATE FILE NUMBER

DO NOT WRITE  
ON THIS STUB

AMENDED

VS 300  
Rev. 4/59

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

BY AFFIDAVIT OF

USE BLACK INK  
OR  
TYPEWRITER RIBBON

|   |   |  |   |
|---|---|--|---|
| 1. PLACE OF DEATH<br>a. COUNTY <u>Grundy</u>  |   | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)<br>a. STATE <u>Mo.</u> b. COUNTY <u>Grundy</u>   |   |
| b. CITY (If outside corporate limits, give TOWNSHIP only)<br>OR TOWN <u>Trenton</u>   |   | c. CITY OR TOWN <u>Trenton</u>   |   |
| Length of stay in lb <u>55 yrs.</u>   |   | Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>  |   |
| c. FULL NAME OF (If NOT in hospital, give location)<br>HOSPITAL OR INSTITUTION <u>Whitfield Nursing Home</u>  |   | d. STREET ADDRESS (If outside, give location)<br><u>300 E. 5th</u>   |   |
| 3. NAME OF DECEASED (Type or print)<br>First <u>Barbara</u> Middle <u>Harris</u> Last <u>Harris</u>   |   | 4. DATE OF DEATH<br>Month <u>12</u> Day <u>19</u> Year <u>1962</u>   |   |
| 5. SEX <u>F</u>   | 6. COLOR OR RACE <u>W</u>   | 7. Married <input type="checkbox"/> Never Married <input type="checkbox"/><br>Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>  | 8. DATE OF BIRTH <u>1-22-1879</u>   |
| 9. AGE (last birthday) <u>83</u>  |   | IF UNDER 1 YEAR IF UNDER 24 HR<br>Months Days Hours Min.   |   |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br><u>Home maker</u>  |   | 10b. KIND OF BUSINESS OR INDUSTRY <u>Domestic</u>  |   |
| 11. BIRTHPLACE (City and state or country) <u>Grundy Co., Mo.</u>   |   | 12. CITIZEN OF WHAT COUNTRY <u>U. S. A.</u>  |   |
| 13a. FATHER'S NAME <u>Zachary Hobbs</u>   |   | 13b. MOTHER'S MAIDEN NAME <u>Mary Hartman</u>  |   |
| 14. NAME OF HUSBAND OR WIFE <u>Charles Allen Harris</u>   |   | Address <u>300 E. 5th</u>  |   |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)<br><u>no</u>   |   | 16. SOCIAL SECURITY NO. <u>Leola E. Harris, Trenton, Mo.</u>   |   |
| 17. INFORMANT <u>Leola E. Harris, Trenton, Mo.</u>  |   | 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).<br>PART I. DEATH WAS CAUSED BY:<br>IMMEDIATE CAUSE (a) <u>Cardio-Vascular-renal</u><br>Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <u>Dissection</u><br>DUE TO (c) <u>2 years</u> |   |
| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)   |   | PART III. If deceased was female was there a pregnancy in last 90 days.<br><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown   |   |
| 19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input type="checkbox"/>   | 20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/> | 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)   |   |
| 20c. TIME OF INJURY<br>Hour <u>10:50</u> a.m.<br>Month, Day, Year <u>Dec 19 1962</u>  | 20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>    |  |   |
| 20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>Dec 15/1960</u>   | 20f. CITY, TOWN, OR LOCATION <u>Dec 16/1962</u>   |  |   |
| 21. I attended the deceased from <u>Dec 15/1960</u> to <u>Dec 16/1962</u> saw her alive on <u>Dec 16/1962</u><br>Death occurred at <u>10:50 a.m.</u> on the date stated above, and to the best of my knowledge, from the causes stated. |   | 22a. SIGNATURE <u>Oliver F. Duffy</u> (Degree or title)  |   |
| 22b. ADDRESS <u>Trenton Mo.</u>   |   | 22c. DATE SIGNED <u>12/21/62</u>   |   |
| 23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>   | 23b. DATE <u>Dec. 21, 1962</u>  | 23c. NAME OF CEMETERY OR CREMATORY <u>Maple Grove</u>  | 23d. LOCATION (City, town, or county) (State) <u>Trenton, Grundy Co., Mo.</u> |
| 24. FUNERAL DIRECTOR <u>Davis-Blackmore, Trenton, Mo.</u>   | 25. DATE RECD. BY LOCAL REG. <u>12/21/62</u>  | 26. REGISTRAR'S SIGNATURE <u>Gene Javi</u>   |   |

(Licensed Embalmer's Statement on Reverse Side)

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed Gordon Blackmon

Licensed Embalmer No. 4602

P. O. Address Trenton, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.